



## POLICY SCHEDULE FOR BURGLARY (Single Location) INSURANCE

## UIN NUMBER - IRDAN190P0098100001

| Insured's Name   | : LAXMI COTSPIN LTD |   |                        |   |   |  |
|------------------|---------------------|---|------------------------|---|---|--|
| Insureds Details |                     |   | Issuing Office Details |   |   |  |
| Customer ID      | :                   | PO93163640  | Office Code            |   | : SHIRDI (151806)   |  |
| Address          | :                   | GUT NO.394 & 399,SAMANGAON,AMBAD ROAD,TQ.DIST JALNA (GINNING & OIL MILL DIVISION)  JALNA .MAHARASHTRA, 431203 | Address                | : | Nagar Panchayat, SAI Prasad Shopping<br>Complex, At Shirdi-Tal rahata Dist<br>A`nagar,Shirdi<br>,423109 |  |
| Phone No         | :                   |   | Phone No               | : | 02423255179   |  |
| E-mail/Fax       | :                   | cfo@laxmicotspin.com, /   | E-mail/Fax             | : | nia.151806@newindia.co.in /   |  |
| PAN No           | :                   |   | S.Tax Regn. No         | : | AAACN4165CST178   |  |
| GSTIN/UIN        | :                   | 27AAECM5186A1ZL / NA  | GSTIN                  | : | 27AAACN4165C3ZP   |  |
|                  | :                   |   | SAC                    | : | 997139 (Other non-life insurance services   |  |

| Policy Details      |   |   |   |   |   |
|---------------------|---|---|---|---|---|
| Policy Number       | : | 15180646230100000002                                    | Business Source Code  |   |   |
| Period of Insurance | : | From: 01/05/2023 12:00:01 AM To: 30/06/2023 11:59:59 PM | Dev.Off.<br>level/Broker/Corp.<br>Agent/Web<br>Aggregator/CPSC User | : | Jainuine Insurance Brokers Pvt. Ltd (DA3388757)<br>Jainuine Insurance Brokers Pvt.Ltd (SI00028623), |
| Date of Proposal    | : | 01-May-23   | Agent/Bancassurance/S pecified Person                               | : |   |
| Prev. Policy no.    | : | 15180646220100000003                                    | Phone No  | : | 02402350377, 9850049400 / NA  |
| Client Type         | : | Non-Corporate   | E-mail/Fax  | : | kailash@jainuineinsurance.co.in, //   |

| Financier(s) Details |                        |  |
|----------------------|------------------------|--|
| SI. No.              | Name of the Financiers |  |
| 1                    | HDFC BANK LTD          |  |
| 2                    | AXIS BANK LTD          |  |

| Premium(₹)       | GST(₹) | Total(₹)                             | Total (₹ in words)                         | Receipt No. & Date                  |
|------------------|--------|--------------------------------------|--|-------------------------------------|
| 9,376            | 1,688  | 11,065                               | RUPEES ELEVEN THOUSAND SIXTY-<br>FIVE ONLY | 1518068123000000002<br>9 - 01/05/23 |
| Location Details |        | AXMI COTSPIN LTD,<br>AREHOUSE GODOWN | 1,2 &3 AT SAMANGAON KAJLA PHATA            | A, JALNA AMBAD ROAD,                |

: NA First Loss Percentage

## Details of assets covered under the Policy

| Stocks in | n Trade                  |             |
|-----------|--------------------------|-------------|
| SI. No.   | STOCK DETAILS            | Sum Insured |
| 1         | COTTON FULLY PRESS BALES | 5000000     |

| Goods h | eld in Trust / Commision |             |
|---------|--------------------------|-------------|
| SI. No. | GOODS HELD DETAILS       | Sum Insured |
| 1       | NA                       | 0           |

| Furniture | e / Fixture / Fittings             |             |
|-----------|------------------------------------|-------------|
| SI. No.   | FURNITURE/FIXTURE/FITTINGS DETAILS | Sum Insured |
| 1         | NA                                 | 0           |

| Office Ed | quipments                |             |
|-----------|--------------------------|-------------|
| SI. No.   | OFFICE EQUIPMENT DETAILS | Sum Insured |
| 1         | NA                       | 0           |



|   | y notes      | VICURIOS DETAILS  |                            | Come la come d  |  |
|---|--------------|---|----------------------------|---|--|
| Sl. No.   |              | Y/CURIOS DETAILS  |                            | Sum Insured   |  |
| 1   |              | NA  |                            | 0   |  |
| Description of                                      | other item   |   |                            |   |  |
| SI. No.   | OTHER IT     | EM DETAILS  |                            | Sum Insured   |  |
| 1   | l            | NA .  |                            | 0   |  |
|   | dd on Covers |   | Sum Insur                  | ed (₹)  |  |
| Other Extensio                                      | n            |   | NOT OPT                    |   |  |
| Theft Extension                                     | 1            |   | NOT OPT                    | ED  |  |
| Terrorism   |              |   | NOT OPT                    | ED  |  |
| Special Conditi                                     | ons :        | AXMI COTSPIN LTD,<br>AREHOUSE GODOWN 1,2 &3 AT SAMANGAON KAJLA PHATA, JALNA AMBAD ROAD,<br>PP MEENATAI THAKARE VRIDHASHRAM JALNA 431203 |                            |   |  |
| Excess  | :            | 5000  |                            |   |  |
| Premium and GS                                      | Γ Details    | Rate of Ta  | y Amoi                     | unt in INR  |  |
| Premium   |              | Nate of Ta  | χ ΑΠΟ <b>ι</b>             | 9.376   |  |
|   |              | 9   | 844                        | -,  |  |
| SGST  |              | 9   |                            |   |  |
|   |              | 9   | 844                        |   |  |
| SGST<br>CGST<br>IGST                                |              |   |                            |   |  |
| CGST<br>IGST<br>In witness whe<br>set his (their) h | and(s)       | 9   | 844<br>0                   | f of the Insurers has (have) hereunder  |  |
| CGST  | and(s)       | 9   | 844<br>0<br>s and on behal | f of the Insurers has (have) hereund<br>For and on behalf of<br>w India Assurance Company Limited |  |

Duly Constituted Attorney(s)

Mudrank\_\_\_\_\_\_\_Dt.\_\_\_\_\_consolidated Stamp Fees Paid by Pay Order Number\_\_\_\_\_\_vide receipt number\_\_\_\_\_\_ dt.\_\_\_\_\_. Stamp Duty under the Policy is ₹1/-.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No: 15180623E0000036

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C